

**ROSS MILLER** Secretary of State 202 North Carson Street Carson City, Nevada 89701-4201 (775) 684 5708 Website: www.nvsos.gov

## ePayment Checklist (For Counter, Fax and Mail Requests)

Service Type: Counter Mail	Fax USE BLACK INK ONLY - DO NOT HIGHLIGHT
Order Processing Requested:	(Expedite Processing Requires Additional Fees)
Regular Processing 24-HOUR E	xpedite 2-HOUR Expedite 1-HOUR Expedite
Payment by Electronic Check	(account holder name and address required below)
Account Type:  Checking  Savings  Account Number:	Amount of Electronic Check: USD \$
Payment by Card (card holder name	
Card Type: VISA Master	Card Discover American Express
4-digit number found on the fro  NOTICE: For security and verification purpose Code) number located on the credit card. Fail request.  Credit Card Expiration Date: Month	right of the backside of VISA, MasterCard and Discover cards ont right side of American Express card.  es, all credit card payments must include the 3 or 4-digit CVV2 code (Vure to include this code will result in the rejection of your filing or service  Year  Amount to Charge Card: USD\$
Order Information (required)	
Entity Name/Order Reference:	
Account/Card Holder Information:  Name as it Appears on the Account	
Billing Address	
City, State, Zip	
Telephone	
Payment Authorization I authorize the Secretary of State to bill an amoraccount(s):	ount not to exceed the following to be charged to the above listed
X Authorized Signature	Not to Exceed Amount: USD \$